

_____ v. _____
Chancery No. _____ Date _____
Monthly Income and Expenses of _____

Employed by _____ _____ City & State _____ _____ Occupation _____ Pay Period _____ Next Payday _____ Annual Salary _____ # Exemptions _____	Children in Household Name _____ D.O.B. _____ _____ _____ _____ _____ _____
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- Household Expenses**
Mortgage (PITI) or Rent _____
Real Estate Property Taxes _____
Personal Property Tax _____
Homeowner’s Insurance _____
Repairs/Maintenance _____
Furniture/Furnishings _____
Electricity _____
Gas/Heating Oil _____
Water/Sewer _____
Telephone _____
Trash Collection _____
Cable TV _____
Groceries _____
Meals Out _____
- Automobile Expenses**
Automobile Payment _____
Gasoline _____
Auto Repair/Maintenance _____
Auto Insurance _____
Tags/Inspection, etc. _____
- Clothing**
New (excluding children) _____
Cleaning/Laundry _____
Uniforms _____
- Miscellaneous**
Medical/Health Care _____
Dental Expenses _____
Dues - Professional/Social Associations _____
 - Homeowner’s Association _____
Gifts (Xmas, Birthday) _____
Church/Charity _____
Entertainment/Hobbies _____
Vacations _____
Personal Grooming _____
Newspapers/Publications _____
Other Insurance _____
Other: _____

Average GROSS PAY PER MONTH	_____
LESS: Income Taxes - Federal	_____
State	_____
Medicare/FICA	_____
Health Insurance	_____
Life Insurance	_____
Required Retirement	_____
Average MONTHLY NET PAY	_____
Pendente Lite Spousal Support	_____
Other Income	_____
Child Support	_____
MONTHLY NET INCOME	_____
LIQUID ASSETS ON HAND	_____
Cash/Checking/Savings	_____
Other Liquid Assets	_____
TOTAL LIQUID ASSETS	_____
I certify that the income stated above is correct.	

State of Virginia; City/County of _____	
Subscribed and sworn to before me this ____ day of _____	

Notary Public	

- Children Expenses**
Child care _____
School Tuition _____
Lunch Money _____
School Supplies _____
Lessons/Sports _____
New Clothing _____
Personal Grooming _____
Other - Allowances _____

Other Debts	Bal.	Mo. Pmt.	Last 2
	\$	\$	H/W
	\$	\$	H/W
	\$	\$	H/W
	\$	\$	H/W

TOTALS PER MONTH	
Subtotal Expenses	_____
Subtotal Debt Payments	_____
TOTAL EXPENSES	_____
TOTAL NET INCOME	_____
BALANCE	_____

